



Mental Health Student Services Act Project

Round 2: Sub-Grantee Authorized Signatory (Attachment F)

Name of agency/organization:

Address: Website:

MHSSA Sub-Grant Project:

Completion of this form establishes that the person(s) identified below has the authority to affirm that records corresponding to the MHSSA sub-grant applicant organization and project are full, true, and correct and describe fully, truly, and accurately any work performed and any amounts listed related to the MHSSA sub-grant project.

To affirm signatory authorization and/or to delegate signatory authorization, identify the person(s) below and provide corresponding signatures. If authorization changes during the MHSSA sub-grant project period, this form must be resubmitted with updated information.

Authorized Representative

The authorized representative is the individual authorized to enter into, sign, and execute a contract agreement on behalf of the applicant organization.

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date:

Approved Authorized Signatory (up to three individuals)

The following named person(s) is/(are) authorized to serve as signatory/(ies) of the applicant organization and to act on behalf of the applicant organization in affirming MHSSA sub-grant project related records.

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date:

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date:

Full Name (First, Last): Title:

Email: Phone Number:

Signature: Date: